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	Statement of Licen	sure Violations :			man sus são filodosarroso	
	a) The facility shall procedures govern facility. The written be formulated by a Committee consist administrator, the a medical advisory c of nursing and other policies shall compart the written policies the facility and shall compart to the shall compart to the facility and shall compart to the shall compare to the shall	advisory physician or the ommittee, and representatives or services in the facility. The sly with the Act and this Part. It is shall be followed in operating the reviewed at least annually documented by written, signed				
	a) The advisory ph committee shall de to be followed during emergencies that re long-term care fact emergencies include things as:	Medical Emergencies ysician or medical advisory evelop policies and procedures ng the various medical may occur from time to time in lities. These medical de, but are not limited to, such rgencies (for example, airway		Attachmen Statement of Licensui	t A re Violati	ons

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 03/31/16

Illinois Department of Public Health

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			COMPLETED	
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-	-	body aspiration, and acute	La communicación de compresenta de c				
	respiratory distress	failure or arrest).	OUT TO PERSON				
	2) Cardiac emerger	ncies (for example, ischemic	Salara de contra				
	pain, cardiac failure	e, or cardiac arrest).	the supplication of the su				
	b) The facility shall	maintain in a suitable location	And the state of t				
	the equipment to be	e used during these					
	emergencies. This	equipment shall include at a	****				
	minimum the follow	ving: a portable oxygen kit, ask and/or cannula; an airway;	A A A A A A A A A A A A A A A A A A A				
	and han-valve mas	sk manual ventilating device.					
	c) There shall be a	it least one staff person on duty					
	at all times who has	s been properly trained to					
	handle the medical	I emergencies in subsection (a))			- Add NO Assessment	
	of this Section. This	s staff person may also be	TANDANIE IN THE STATE OF THE ST			Value of the control	
	conducted in fulfilling	ng the requirement of	Apply de la session				
	subsection (d) of th	nis Section, if the staff person					
	meets the specified	d certification requirements. (B)	1			EACHOLD CORPY	
	a) when two or mo	ore staff are on duty in the staff people on duty in the					
	facility shall have c	current certification in the	egila ejemente de de la companya del la companya de la			A A A A A A A A A A A A A A A A A A A	
	provision of basic l	life support by an American	ALIAN LIA MARTINI MART				
	Heart Association	or American Red Cross	profosystematicals				
	certified training pr	ogram. When there is only one	and the second s				
	person on duty in t	the facility, that person needs to) 1990				
	be certified. Any fa	icility employee who is on duty	general				
		pe utilized to meet this	and a second sec			A DAY AND A DAY	
	requirement.	General Requirements for	Salara Sa				
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	b) The facility shall	I provide the necessary care	and a bibliography of the control of				
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	practicable physica	al, mental, and psychological	V COLOR COLO				
- Control of Control o	well-being of the re	esident, in accordance with				and the state of t	
	each resident's cor	mprehensive resident care				8 - 4 - 4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	plan. Adequate an	d properly supervised nursing					
	care and personal	care shall be provided to each				12 (1000)	
	care needs of the	ne total nursing and personal					
	Section 300 3240	Abuse and Neglect	A common months				
	a) An owner, licens	see, administrator, employee o	r				

Illinois Department of Public Health STATE FORM

PRINTED: 05/10/2016 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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	agent of a facility shresident. (Section	nall not abuse or neglect a 2-107 of the Act)	AND THE PARTY OF T			
	These requirement	s are not met as evidenced by:	And Andrews An			
	review the facility facompression on an to place a low air los etting for cardiopu failed to have need cart for suctioning a level that is most be cardiopulmonary re These failures appl (R5) reviewed for esample of three. Af provided by paramedead at the hospital potential to affect 8	on, interview and record ailed to immediately start chest unresponsive resident; failed as mattress in the proper Imonary resuscitation (CPR), ed supplies in the emergency and failed to deliver oxygen at eneficial to a resident during suscitation. You one of three residents mergency care service in a ter emergency services were edics, R5 was pronounced I. These failures also have the 3 of 117 residents on low air loss				
	documented by this during R5's emerge show a delay of five to start chest comp (1:00pm - 1:04pm) compressions with due to lack of cardi which was not in C maintain a clear and due to malfunctioni providing inadequal in the process. On 3/10/16 at 12:5	owing events were timed and a surveyor as they occurred ency code. The timed events a minutes (12:55pm - 1:00pm) pressions and four minutes of providing chest questionable effectiveness ac board and special mattress PR mode, and failing to a patent airway (during CPR) ng suction machine and te oxygen via resuscitator bag, 5pm, E2 DON (Director of urveyor were doing				

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health

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59999	observations and renoticed that R5 did This surveyor asked discovered that R5 pulse. E2 stepped called out for help. into R5's room but chest compression minutes before CP Licensed Practical bedside, although room after the initial was not placed uncloss mattress was (mattress deflation The head of the becompressions on Fremained in the upbackboard or place CPR mode (mattree On 3/10/16, at 1:00 chest compressions on Fremained in the upbackboard or place CPR mode (mattree On 3/10/16, at 1:00 chest compression oxygen delivery balters of oxygen an Electronic Defibrille E11 (Central Supplowering the head following E12, Lice was observed place R5. E12's LPN written 3/11/16 indicates the found R5's bed with back board an On 3/10/16, at 1:00 at 1:	ounds when this surveyor not appear to be breathing. d E2 to assess R5 and it was was not breathing and had no outside of R5's room and Afterward, E2 returned back did not provide R5 with any s or rescue breaths. It was 5 R was initiated, when E7 Nurse (LPN) arrived at R5's E2 DON remained in R5's al assessment. The back board derneath R5 and R5's low air not placed in CPR mode) until after CPR was initiated. ed was not lowered until after Dpm, E7, Licensed Practical ed R5's room and began chest R5 while the head of the bed loward position. E7 did not use as e R5's low air loss mattress on					

Illinois Department of Public Health STATE FORM

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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00000	·		and the second		4.000.000		
		as connected to the manual	-				
	oxygen delivery bag	g up to 15 liters. R5's low air			300		
		mmediately re-inflated by E11					
	(Central Supply Cle	erk), despite E9 LPN	To an additional to the state of the state o				
	announcing that the	e deflation of the mattress was	TV-ATOMANA PART AT THE ATOMANA PART AT THE ATO				
	the CPR mode.						
		pm, the paramedics arrived			-		
	to R5's room. The	paramedics run sheet dated	de constante de la constante d				
		to did not have respirations,					
		pressure. The paramedics,					
		athing tube into R5 requested	DATE OF THE PROPERTY OF THE PR				
	write placing a bree	from staff present in the room.					
		quested suction and the	and the second				
	facility's code cart v	was not stocked with suction	AAAAAAAAAAA				
	supplies. E11, Cen	tral Supply Clerk was observed	space and description				
	running down the n	all to retrieve suction supplies,	and on the second				
		gency cart was at the door of	A COLOR				
	R5's room.		i vocassa an				
		pm, E7, LPN brought the	L. A.				
		to R5's room. The suction					
		but did not suction properly.	and the same of th				
		2 pm E2, DON requested this	Variation (Statement)				
		stating she needed	MILLOON 444400				
	documentation of F						
		been able to provide a					
		d code cart supply list as					
	evidence that the e	mergency cart was being	Page Assumation of			Accommon	
		cked routinely as indicated in	Term contract of the				
	the facility's Crash	Cart policy (dated 8/2014).	Name of the state			AND	
	According to R5's I	Physician Order Sheet (POS)	na accessor				
		re-admission) there was an	7000			A CONTRACTOR OF THE PERSON OF	
	order for a full code						
		5 pm E8 (LPN) stated R5 was a	1				
		ked what procedure should be					
	followed when a re	sident is found unresponsive,	na series con y	A Parameter of the Control of the Co			
		should call for help and	reconnected the second	•			
	immediately start C	•	primporatei				
			ser assistances				
	On 3/10/16, at 1:45	opm when asked how the					

Illinois Department of Public Health STATE FORM

emergency carts are checked, E4 (LPN) stated that the emergency carts should be checked

Illinois Department of Public Health

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\$9999	Continued From pa	ige 5	S9999			
\$9999	nightly. On 3/10/16, at 3:00 emergency carts at that the emergency night by the night s to the supply clerk needed. On 3/10/16, at 2:54 procedure is follow unresponsive, E9 (found unresponsive for help and start o that you do not wai CPR. E9 stated should be checked. E9 st should be checked. On 3/10/16 at 5:29 meeting, E1 Admir emergency cart wat to R5's room during On 3/14/16 at 9:30 that R5's bed was CPR by the central foot of the bed during On 3/14/16, at 10:5 not initiate CPR on not flat and she wad open. When asked respirations upon i that R5 was not brupon initial assess should have been	opm when asked when the re checked E2, DON stated carts should be checked at upervisor and an e-mail is sent for replacement supplies I pm when asked what ed when a resident is found LPN) stated when a resident, call ne person CPR. E9 stated to for a second person to start e placed R5's bed in CPR ective chest compressions and regen from 2 liters/minute to 15 vide more effective oxygen ated that emergency cart ated that emergency cart inightly. I pm during the daily status histrator stated that the as locked when she brought it g the code. I supply clerk who was at the ing R5's code. I supply clerk who was at the ing R5's code. I supply clerk who was at the ing R5's code. I R5 because R5's bed was as trying to keep R5's airway if R5 had a pulse or nitial assessment, E2 stated eathing and had no heart rate ment. When asked what done for R5 after calling for at chest compressions should				
	On 3/14/16, at 11:4	42 am Z2 (R5's Physician) ns should be started right away	endemontation of the control of the			

Illinois Department of Public Health

STATE FORM 6899 D64211 If continuation sheet 6 of 9

PRINTED: 05/10/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ C 03/16/2016 B. WING IL6007868 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 16300 WAUSAU STREET VILLA AT SOUTH HOLLAND, THE SOUTH HOLLAND, IL 60473 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 when a resident is found unresponsive and are more effective with a hard surface to provide more resistance. On 3/14/16, at 2:35pm E14, LPN was asked what procedure is followed when a resident is found unresponsive, E14 stated that when a resident is found unresponsive with no pulse or respirations CPR is initiated immediately after calling for help. On 3/14/16, at 2:40 pm E15, LPN was asked what procedure is followed when a resident is found unresponsive, E15 stated that CPR is initiated immediately after an assessment and a call for help is done when a resident is found unresponsive with no pulse or respirations On 3/15/16, at 8:37 am E11, Central Supply Clerk stated that she lowered R5's head of the bed during Cardiopulmonary Resuscitation (CPR). E11 stated that she noticed that the bed was going flat and thought someone accidentally hit the wrong button so she (E11) re-inflated R5's bed. When asked what her role was during the code. E11 stated that she was present during R5's code to provide additional assistance to the According to the low air loss manufacturer's quidelines (undated) the CPR function deflates the whole mattress within seconds after a simple touch on the button in case of emergency. According to the facility's emergency checklist the emergency cart should contain suction catheter

Illinois Department of Public Health

kit, suction extension tubing and suction tip. On 3/15/16, at 8:27 am E7, LPN stated that he brought the suction machine into R5's room after receiving the suction supplies that were missing from the emergency cart from E11. E7, LPN stated that the suction machine was not

extracting secretions. E7, LPN stated the suction supplies should be inside of the emergency cart. On 3/15/16, at 8:37 am E11, Central Supply Clerk stated that the suction supplies should be in the

STATE FORM 6899 D64211 If continuation sheet 7 of 9

03/16/2016

Illinois Department of Public Health (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C

IL6007868

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING ___

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16300 WAUSAU STREET

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	emergency cart. When asked if the suction supplies were on the emergency cart, E11 stated that the suction supplies were not on the emergency cart during R5's code. When asked how she (E11) knows the listed supplies are in the emergency cart, E11 stated that when the emergency cart is locked the list of supplies should be on the cart. On 3/16/16, at 12:45 pm E11, Central Supply Clerk stated that she has been the Central Supply Clerk for two (2) years. When asked if she has had CPR certification in the last two (2) years since becoming the Central Supply Clerk, E11 stated that she has not had CPR re-certification since becoming the Central Supply Clerk. The facility could not provide a CPR card for E11. On 3/16/16, at 1:33pm E12, LPN stated that she entered R5's room on 3/10/16 during a code blue and noticed that R5 was receiving chest compressions without a back board underneath her. E12 stated that she went to the crash cart that was located outside of R5's room, removed the back board from the back of the crash cart and place the back board underneath R5. When asked why the back board was placed underneath R5, E12 stated that the back board makes the chest compression more thorough. On 3/16/16, at 2:40 pm Z3 (Medical Director) stated that if the code status of a resident is unknown then Cardiopulmonary Resuscitation (CPR) should be initiated until the code status is established. When asked if the facility follows the American Heart Association (AHA) guidelines for oxygen delivery during a code, Z3 stated that the facility's policy has been revised to deliver 15 liters/minute of oxygen to meet the AHA guidelines. According to the facility policy entitled "code blue/medical emergency protocol" (undated), if a resident is unresponsive; initiate CPR following			

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PRINTED: 05/10/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ____ C 03/16/2016 B. WING IL6007868 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 16300 WAUSAU STREET VILLA AT SOUTH HOLLAND, THE SOUTH HOLLAND, IL 60473 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 the American Heart Association guidelines per resident's code status if patient is not Do Not Resuscitate. The American Heart Association guidelines indicates under bag-mask ventilation that the healthcare provider should use supplementary oxygen (O2 concentration >40%, at a minimum flow rate of 10 to 12 L/min) when available. On 3/10/16 during R5's emergency code supplemental oxygen was available but was titrated to deliver 2 liters/minute of oxygen. The facility's emergency procedure -Cardiopulmonary Resuscitation Policy dated April 2011, indicates that if an individual is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS shall initiate CPR unless: DNR (Do Not Resuscitate) order prohibits CPR or obvious signs of irreversible death. On 3/10/16 at 1:00pm during the initial assessment E2 DON was observed touching R5's chest and stated that R5 was still warm. The facility Crash Cart Guideline, dated August 2014 indicates in part that facility staff should: assess daily for secured lock/seal; have consistent shift for checking; replace all supplies.

Illinois Department of Public Health STATE FORM

Imposed Plan of Correction

Facility Name: Villa at South Holland

Survey Date: March 16, 2016

Complaint: # 1691239/IL83861

Violation: A

300.610a)

300.1030a)1,2

300.1030b)

300.1030c)

300.1030d)

300.1210b)

300.3240a)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1030 Medical Emergencies

- a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as:
 - 1) Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest).

Attachment B Imposed Plan of Correction

- 2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest).
- b) The facility shall maintain in a suitable location the equipment to be used during these emergencies. This equipment shall include at a minimum the following: a portable oxygen kit, including a face mask and/or cannula; an airway; and bag-valve mask manual ventilating device.
- c) There shall be at least one staff person on duty at all times who has been properly trained to handle the medical emergencies in subsection (a) of this Section. This staff person may also be conducted in fulfilling the requirement of subsection (d) of this Section, if the staff person meets the specified certification requirements.
- d) When two or more staff are on duty in the facility, at least two staff people on duty in the facility shall have current certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program. When there is only one person on duty in the facility, that person needs to be certified. Any facility employee who is on duty in the facility may be utilized to meet this requirement.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.. (Section 2-107 of the Act)

This will be accomplished by:

- 1. A committee consisting of, at a minimum, the Medical Director, Administrator, and Director of Nursing will review and revise the policies and procedures regarding Emergency Cardiopulmonary Resuscitation (CPR) and EMS (Emergency Medical Services). This review will ensure that the facility's policies and procedures address, at a minimum, the following:
 - A. Recognition of situations requiring immediate intervention and following physicians orders regarding Emergency Cardiopulmonary Resuscitation (CPR).
 - B. The facility's responsibilities in taking appropriate corrective action to prevent future delayed treatment in emergency situations requiring Cardiopulmonary Resuscitation.
 - C. Each direct care-giving staff shall review and be knowledgeable about his or her residents' care plan in regards to Advance Directives/ Code Status.

Attachment B Imposed Plan of Correction

- 2. The facility will conduct mandatory in-services for all staff that addresses, at a minimum, the following:
 - A.) All staff will be informed of their specific responsibilities and accountability for the care provided to residents.
 - B.) All staff will be inserviced regarding Residents Rights and Advanced Directives.
 - C.) All staff will be inserviced on Abuse and Neglect Policy, including procedures for identifying and reporting suspected abuse.
- 3. Through the following Quality Assurance measures, the facility will monitor effectiveness and compliance with this Plan of Correction:
 - A. Mock Code Blue drills will be conducted for all staff quarterly. Crash Cart audits will be performed by Director of Nursing weekly for eight weeks, and then quarterly to ensure the sign out sheet is completed and visible items are present.
 - B. Employee files will be audited and staffing schedules will be reviewed weekly to ensure, at a minimum, at least two direct care staff per shift, are current in certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program and that these certifications are renewed as recommended.

Completion date: Ten days from receipt of the Notice for the Imposed Plan of Correction

Attachment B Imposed Plan of Correction